

Tuberculosis Forms and Checklists
Directly Observed Therapy – DOT Log 1
Directly Observed Therapy Log for the Month of _____

PATIENT NAME						DATE OF BIRTH		AGE	
SSN						STATE CASE #			
DIAGNOSIS						SPECIAL ATTENTION REQUIRED (EXPLAIN)			
ADDRESS									
OTHER LOCATION INFORMATION						TELEPHONE			
DOT START						DOT INCENTIVE			
DOT DISCONTINUED						DOT SITE			
CLINICIAN						HEALTH CARE WORKER			
DRUG	INH					SIGNATURE OF PERSON OBSERVING OR GIVING MEDICINE	TIME MEDICINE OBSERVED	COMMENTS	
DOSAGE									
DATE									
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MEDS TAKEN (NUMBER OF DAYS): _____						AVAILABLE DAYS: _____		= _____ % ADHERENCE	